The MEDICAL MISSIONARY

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HIS EXCELLENCY, THE MOST REVEREND JOHN M. GANNON—Bishop of Erie and the Episcopal Chairman of the N.C.W.C. Press Department—calls American Catholics to action. Now is the time to become part of the new apostolate—"Medical Missions—A Great Opportunity."

FATHER WILFRID PARSONS, S.J., reflects upon the function of the Mission Press. "The creation of the soul—the union of spirit between the missioner and the folk back home"—he writes—"is precisely the function of the mission magazine."

"WHERE UNENLIGHTENED HEROISM IS NOT ENOUGH"—a fit caption for an Indian nursery! Sister M. Elise Wijnen, M.D., tells of some of the problems which confront doctors and nurses when "bringing up babies" in India.

MR. J. VINCENT WATSON, S.J., has delved into the subject of the care of the sick in the famous Jesuit Reductions of Paraguay. You will find the results of his findings in "Public Health in Paraguay—17th Century."

CONTRASTING WITH THE AUSPICIOUS BEGINNINGS medical science seemed to have in the pioneer days of Spanish America—is the appalling state of public health among our southern neighbors today. "How Are You, Latin America?" is a brief survey of this tremendous health problem. It concerns us most intimately!

FEBRUARY IS CATHOLIC PRESS MONTH! What are YOU going to DO about it? For some **practical** suggestions on "Catholic-Press-Action" see the back cover!

THE MEDICAL MISSIONARY

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SISTER M. LOYOLA, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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Medical Missions --- A Great Opportunity

By

The Most Reverend John M. Gannon, D.D.

Episcopal Chairman, N.C.W.C. Press Department

The aftermath of the present global war will unquestionably offer the Church vast opportunities for Catholic Action. It is too early to measure the shape or scope of things to come. We are assured, however, that suffering in all its hideous forms will be the lot of peoples across the world, and to bind up their wounds will be an important function of our missionaries in the field.

Our Blessed Lord Himself was the first Medical Missionary. His compassion for the multitude was as extensive as it was detailed. Sanctification of soul and sanation of body He dispensed lavishly. His grace and His healing gave roots to the infant Church and nourished its early growth. It would be myopic for us today to fail in adopting Christ's loving, tender method in our own missionary work.

The Society of Catholic Medical Missionaries in promoting medical work in mission areas is engaged in a great Christian undertaking. It merits not only the approval but the practical, contributing support of everyone who claims a part of Christ's love and benediction. "Because you have done it to one of these My least brethren, you have done it also to Me."

It is always sad when Catholics fail to recognize or to use great opportunities to extend Christ's kingdom. Suffering, disease and infirmity in this war-torn world spell out our great missionary opportunity. The tide of suffering is rising in the mission field—if we take it at the flood and supply the missions with necessary and abundant medical equipment, the Catholic influence on souls and among nations will be immeasurable. All missionary societies have done outstanding works in alleviating suffering and destitution. Complete statistics of what has been done are not available. And while the partial record presents amazingly large figures, our greater concern should center upon the work that lies at hand. This requires much energy, especially in bringing the plight of stricken humanity before our Catholic people. Large gifts and endowments are desirable, but the record shows that medical mission work, like all mission work, is done with the small gifts from our good Catholic people everywhere. Medical mission work has a great and strong appeal to Americans who will sustain generously any move to alleviate suffering anywhere; when this is coupled with a spiritual, soul-saving motive, the American Catholic will be first to respond to an appeal.

The very terminology associated with medicine and hospitals draws the attention of our people generally. They are natively conscious of the benefits signified. As a nation we have goodwill toward men in our very natures. In fact, medical missions have all the ingredients of success. Practical religion, in the sense set forth by them, is truly Catholic and American and should be sounded loudly across our land now. It is like the sound that sleeps in a bell until the stroke awakes it.

The Mission Press

By

The Reverend Wilfrid Parsons, S.J.

To forge the link between the missionaries in the field and the folk back home—that is the function of the mission press.

When I was making some of my early studies thirty-five years ago in Louvain, Belgium, I made my first acquaintance with the mission spirit. It is well known, of course, that the Belgians are among the greatest missionary peoples in the world. The Belgian Jesuits at that time had charge of missions in the Congo, in Ceylon and in India. Every year about May some of the third-year philosophers who had volunteered for the missions received their assignments.

From that time on these chosen men were set apart. For one thing, they began to let their beards grow, for all the European missionaries wear beards. Some of these young beards were pretty scraggly things, but they were a symbol of consecration. Then, as soon as they could get off, they went back to the college where they had studied to show themselves to their former fellow-students.

They didn't go to show off. They had a far more serious purpose than that. They fired other young people with mission vocations, for one thing. And then they received a present from the college, and the present was nearly always the same thing. It was a camera.

It was then I realized that a camera comes near to being the most important thing a missionary can take out to his mission field. Why? Because it is the pictures he sends back that tell the people at home just what his mission looks like, just what the people in it look like also, and so they get a vivid picture in their own minds of the work a missionary does.

In the old days they just used to pass these photos around from hand to hand until they were worn out. Nowadays they do it differently. They publish the pictures in magazines, and so they are multiplied enormously. And that brings me to another adjunct of the modern missionary's kit—the typewriter. The camera gets the story for the eye, and the typewriter carries the story on to the mind. And thus the mission press is born.

The camera and the typewriter. Strangely providential how modern inventions serve the cause of God! This very magazine is devoted to the cause of bringing the wonders of medical science to the under-privileged of foreign lands, for the corporal works of mercy are equally dear in the sight of God with the spiritual works.

So back from the mission field come the glossy print and the typescript. Off to the printer and the engraver they go, and soon the presses are whirring, and another issue of a mission magazine is on its way through the mails. Even the railroads are pressed into duty to help the mission work.

When the mailman delivers your copy of your mission magazine, what has he brought you?

First of all, he has handed you a bundle of strange and stirring stories about strange and far-off lands, fully illustrated so that you can get the picture better. Romance, self-sacrifice, heroism, these are the things that fire our imaginations and warm our hearts. In a vicarious way, we also live the lives of the servants of God, men and women, who have left their homes and kinfolk to be entirely devoted to the homes and kinfolk of other peoples.

But the mission magazine is not a mere **Geographic** on a modest scale. Neither are our missionaries mere explorers and pioneers. They do often live lives of great adventure, it is true, and in the past many new lands have been opened up to civilization by them. But it is not oil or copper or rubber they are after. Their job is the great and high adventure of seeking souls.

This is the real story the mission press relates. In a very true sense, missions are like armies. Their strength is exactly as great as the organization of the people back home. An army left alone to itself is as useless as a country without an army. There must be a link of unity flowing backward and forward. An army at war is exactly as strong as this link.

Now the link between the mission outpost and the folk back home is not a mere material one. It is spiritual. When the mission movement back home is strong, then the missions in the field are vigorous. It is a union of souls. Men and money, vocations and donations, are, of course, the life blood of the movement. But the soul is the union of spirit between the missioner and the folk back home.

Now the creation of this soul is precisely the func-

tion of the mission magazine. It is the magazine which gives unity to the whole movement. Vocations and donations will flow in, never fear, when this link is forged. But we can never forget that the whole movement is a supernatural one. All of those in it participate in its merit before God. It is this mystic unity, compounded of unon with God, of prayer, of self-sacrfice, of heroic aspiration, of love of our neighbor, it is this mystic unity that is created by the mission press.

Where Unenlightened Heroism Is Not Enough

By

SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

"Only intelligent, meticulous and expert attention"—will do in an Indian Nursery. The picture shows Sister Elise and one of the new arrivals.

"Soldier is eight pounds today, Doctor."

"Nice going, Sister! You did a fine job on that baby. I guess he will make the grade after all. How old is he now? Three months? Well, he had a bad start, so we can't expect too much yet. His mother left him to us when he was only two weeks old, and he has had to make out on cow's milk ever since. That is hard on a tiny Indian baby, and he was only five pounds of skin and bones when he was born. You remember his mother, don't you? She was a real Kashmiri beggar woman, straight off the streets. That is why she left Soldier here; she could not take care of him. And he her only man-child too! Poor soul! I wonder where she is now.

"Let me see, Soldier is getting full milk, isn't he? Six ounces five times a day, with one ounce of dextri-maltose in the whole formula? Well, that ought to make him gain all right. No doubt the doctors and nurses back home would throw up their hands in holy horror if they ever saw a formula like that for a three-month old, eight pound baby. But they do not know our Indian milk. You cannot even skim it, for there isn't a drop of cream in it. There is no need to dilute with water . . . the 'dudh-wallah' takes care of that. Anyhow, the babies can take it, and the ones who cannot have to have special preparations; for not one of them gains if he receives less than full strength cow's milk. So carry on, and never mind the textbooks!

"He takes his cod-liver oil like a lamb, doesn't he? Two teaspoons a day . . . I hope we can keep that up during the summer. Some babies are unable to digest it, when the heat is really bad. But we still have some of those nice concentrated vitamins to fall back on, samples and presents from America. Those can be given in drop doses, and they will take care of his bones and teeth. Be sure you roll him over once in a while, so he won't have a flat skull. Wait until he grows up! He will be a heart-breaker with his silky black curls, dimpled chin and preposterous eyelashes! I do hope we will find a good Catholic family to adopt him; he is so nice. Some poor little childless Indian wife would be in the seventh heaven if she could have him for her own. But where to find such a mother; that is the problem.

"How about Shanti premie today? Gained an ounce, eh? That's good news. Slow but sure, you know. Those four pound babies sometimes take a whole month before they make any noticeable progress. But she is vigorous and full of pep; takes her bottle well and yells for more . . . You will do, young lady! She had better be all right! Her mother had to have a Caesarean section and nearly died for this tiny packet. So take good care of her; keep her warm and feed her slowly. Fortunately she took to that dried milk formula like a duck to water.

"What about poor little Stephen? He is getting ready to join the angels I think. It can-

not be helped; he never had a chance. He came in with full blown marasmus and diarrhea and vomiting and what-not. He is the perfect picture of infantile starvation — three - cornered little face without any cheeks, ribs sticking out through the skin, legs like match sticks, tummy like a collapsed balloon and skin three times his size. Yes, of course, subcutaneous saline and glucose water by mouth. We must do all we can right up to the end. Miracles do happen, you know.

"Hello, Soni! You are getting prettier every day! All smiles and giggles and little flirt manners! Stand up like a big girl. That's fine. Those plump little legs are quite different from the rickety under-pinnings of three months ago. Wait until your daddy sees you. He will be delighted with your improvement. We will continue the calcium and codliver oil and the daily sun baths plus massage. In another month or so your rickets will be cured, we hope. In the meantime you will eat us out of house and home— cereal and egg and vegetables and pudding . . . I wonder where you put it all!

"Are the new-borns all right, Sister? No jaundice, diarrhea, vomiting, skin rashes, temperatures or sore eyes? Kushelia's baby lost eight ounces, eh? You will have to give it a bottle after the nursing period. The mother does not have enough milk yet. And watch the temperatures! This is a difficult season; it gets very warm at noon but cools off remarkably during the night. You can spend all your free time between feedings covering and uncovering the babies, giving them extra fluids during the day and hot water bottles at night. Babies do not stand changes of temperature well. They cannot adjust as fast and as easily as we can. So you must help to keep them comfortable. Whoever has a temperature of over 101, for no apparent reason, needs a subcutaneous saline injection. You can probably save yourself a lot of work if you watch them closely."

It is a lot of work, this nursery, but it is a lot of fun, too. Babies in India are a worry and a care, but we would not want to be without them. Despite poor starts, weak milk and manifold infections, we do manage to raise quite a few of them. Those for whom we have to fight the mother's ignorance and prejudice are badly handicapped. But the ones who have no mother do not get their natural food, and that may be worse. Even the women who are clean and cooperative and able to nurse their babies for many months do lose a certain number of them, due to the high incidence of infections and lack of hygiene. Then what can be expected for the puny ones, those who were born prematurely, and those who were deprived of the life-saving breast milk?

This is a typical instance where unenlightened heroism is not enough. Only intelligent, meticulous and expert attention will save these babies. Some have to have their formula changed five or six times before one is found that agrees with the infant. Others are kept alive for days on salt solution injected under the skin, while the infection burns itself out. Jaundice, pyloric spasm, inflamed eyes, all require prompt and specific treatment in order to turn the tide. It is pitiful to see the ineffectual devotion of some of these Indian mothers. Their eyes burning with night-watching, their faces haggard with fatigue and anxiety, they bring to the dispensary babies dying from amebic dysentery or scurvy or broncho-pneumonia, all of which could have been prevented or cured so easily. Education is a slow process when the majority of the women cannot read.

Through the post-natal clinic and daily dispensary, both at Holy Family Hospital and at St. Francis' Center, we are able to follow up and watch a certain number of babies and toddlers. But what is that small percentage compared to the thousands of children in a large city like Rawalpindi, and in the surrounding villages? To build a larger hospital, to multiply our clinics and to tour the outlying districts—there lies the road to reaching more souls and bodies.

The "nursery brigade"—at Holy Family Hospital, Rawalpindi.

Public Health in Paraguay -- 17th Century

By

Mr. J. Vincent Watson, S.J.

In the early seventeenth century when "good Queen Bess" was finishing her long reign in England, and the English people were beginning to applaud the wizardry of an aging Shakespeare, a group of weary missionaries stopped their work long enough to survey the bare outlines of their new Utopia. Cooperative men had previously visualized a thoroughly socialized state, but at last non-too-cooperative natives were beginning to put one into practice. Wild places had been walled in, and a tribe of South American Indians moved within the stockade to "share and share alike." It was perhaps the only place on earth that such a state has ever succeeded, and even now, three centuries later, Paraguay may still point to those "Jesuit Reductions" as the beginning of its past.

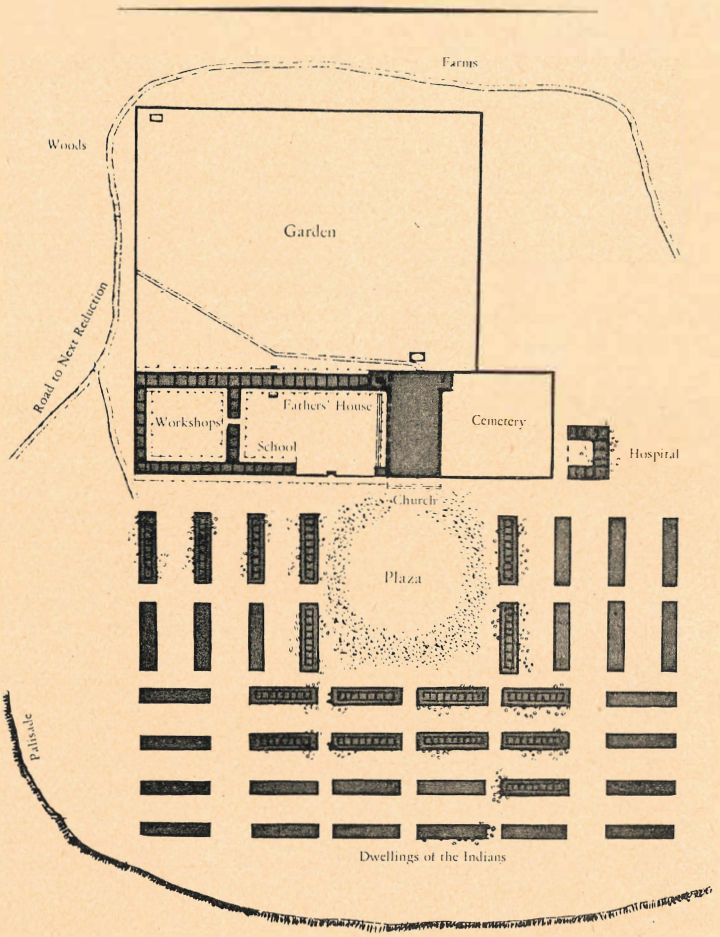
Disease, however, insisted upon following the natives within the stockades, for even in a Utopia people get sick. Here in Paraguay, where only the better elements of European living were adopted, sickness could not be barred. In accepting the living conditions of the white man, it seems that the natives had to accept the epidemics as well — and epidemics scared them.

In the nine mass epidemics that covered the first half-century of the existence of these Reductions, the missionaries had many major problems that threatened to undo all their work. Strangely enough, the first medical problem to face them was not one of cure. They had first to educate the natives to disease and sickness.

Tribal epidemics were not tragedies that the natives had always known, and to them this ravaging destruction was like the curse of some angry god. They fled in terror from the villages, bringing the plague with them. Homes and families were deserted, and the sick were left to their own feeble resources. Sickness commanded no sympathy, and less respect.

The fathers of the mission had to remove that deep-rooted, pagan superstition. Sickness was not a curse. It was merely a passing evil. The sick were not people possessed, who were best abandoned. They were God's unfortunates who relied upon the healthy for help. Flight from contagion did not better things; it made them worse.

Gradually, by dint of earnest repetition and kindly example, the natives began to face disease. And



Courtesy of Marygrove College, Detroit, Michigan

A plan of one of the Paraguay Reductions

for them, facing it was half the cure.

Medicine is the Church's eternal good-will offering to the missions. The body must be ministered to before the soul can be set aright. And in the early Paraguay Reductions, as in almost every mission, the first great struggle for acceptance and establishment was fought over disease.

The second stage in the line of medicine was to set up a medical organization throughout the many villages. The natives had at last been convinced that they might be cured. Now they would come with their wounds and sickness. The whole medical practice, even in Europe, was entirely elemental, but such as it was it proved a God-send to natives whose professional medical men had been only medicine men and witch doctors.

In good time a network of medical service was established. Each village soon boasted of four or more nurses, well enough instructed to take care of the everyday household maladies. These fore-runners of the medical and mission sisterhoods were thoroughly devoted to their work and made house to house tours of the village every day. They turned in exact reports to the priests to ensure the last sacraments to the dying. These angels of mercy, who for the most part used indigenous medicinal herbs, were called "cross-bearers." The cross-like staff they carried symbolized their work.

As the knowledge of peculiar native maladies became more extensive, medicinal handbooks were to follow the founders of the mission. The little drug stores that were soon opened in all the villages were among the first apothecaries in the Americas. In the slow course of eighteen years these little shops grew into a hospital. This was also the first of its kind on this side of the Atlantic.

Such, fundamentally, was the basic medical organization in early Paraguay. The natives could now be cared for—and be better exposed to the spiritual ministrations of the Church.

The Mission Clipper

Source of Vitamin C

The richest natural source of vitamin C has been found to be in the **amla** (gooseberry) which grows in unlimited quantities in the forests of India. Neither heating nor drying has any effect on the vitamin C content. Its use was proven during the 1940 outbreak of scurvy in the Hissar famine area. The acid has a protective value, and tablets made from the gooseberry vitamin are now available.—Medical Women's Journal.

* * *

Medical Service in the Middle East

An extraordinary number of races and languages are represented in the Middle East command. Each has its own standards and requires, as far as possible, to be attended in its own hospital and by a medical staff which speaks its language. There are labor units recruited locally—Palestinians, Syrians, Iraqis and Persians, and others from remote colonies of the British empire, such as Mauritius and the Seychelles. There are thousands of African Negroes. Among the troops are Indians (both Moslem and Hindu) and our allies—Poles, French, Greeks, Czechs. All have to be provided for separately. No wonder that there are seventy-five general hospitals. The supply of drugs and equipment has been well maintained.—From a letter to the Journal of the American Medical Association by their London correspondent.

* * *

The World of Islam

Both as regards the number of its adherents and the vast extent of territory it embraces, Islam stands today as one of the greatest and least touched fields of Catholic missionary activity. 260,000,000 souls scattered from the Atlantic across North Africa, the Middle East and the north of India down the Malay Peninsula to the eastern tip of Java make up this world traditionally so hostile to Christianity.—Jesuit Missions.

* * *

Drugs in China

Generalissimo Chiang Kai-shek, speaking at the seventh anniversary of the New Life Movement, sketched four objectives for the future: the destruction of gambling, the abolition of opium-smoking; the popularization of thrift and the promotion of public health and physical education. It must be noted that, while good progress has been made by the Chungking government in opium suppression, the growth of the poppy and the sale of narcotics have much increased in the penetrated areas. Heroin is even more widely used than opium. For example, in a town of 30,000 people in Shansi sales of heroin amounted to $5,000 a day, and similar evidence comes from all over the penetrated areas. — International Review of Missions.

* * *

Women in the Missions

We are continually hearing nowadays of woman's place in the war effort. The Pontificio Annuario reports that, while there are 20,578 priests dependent on the Sacred Congregation of Propaganda Fide, there are 44,894 nuns. This means that there are more than twice as many women as men working for the expansion of Christ's Kingdom in mission lands. Christianity's idealizing of womanhood has proved its worth.—Catholic Standard and Times Philadelphia.

"How Are You, Latin America?"

By
SISTER M. LOYOLA, S.C.M.M.

"Facing the facts"—about the health situation in Latin America today.

As a result of this global war, Americans are daily becoming more and more aware of their relationships with other men—their neighbors living in the four corners of the earth. Particularly near and close to us have become the peoples of South America. Formerly we knew them only sketchily, mostly under the phony guise of fiction or the movies. Today they have become real people — our neighbors—people like us, living in the Western Hemisphere — in America.

No one needs to be reminded that health is one of the most important factors for the weal or woe of nations and the individuals who make up those nations. Perhaps the thought never occurred to you, but isn't the fact that we so often greet each other with "How are you?" itself a testimonial to the importance of health? In the spirit of renewing our acquaintance then, let us take a look at our neighbors of Latin America and ask them: "How are you?"

Although way back in the seventeenth century the Paraguay Reductions boasted of hospitals to tend the needs of their sick; although the galleys of the Spanish conquistadores brought to the New World ships' doctors trained at the illustrious University of Salamanca; although years before the birth of the American colonies the Jesuits and Franciscans were doing notable work in public health and sanitation among the Indians of South America, today—in the words of Charles Wilson— more than one-third of the people of Latin America comprise a "society of sick men." Yes, as he points out in his recent book, "Ambassadors in White," out of an approximate population of one hundred twenty million people, about fifty million are sick. Such a statement seems preposterous when we recall the auspicious beginnings medical science had in South America. Yet the fact remains—Latin America is a "sick man's country."

Statistics in themselves are rarely interesting, but when they are translated into the life and death and sufferings of human beings they open our eyes. They bear witness to the pitiful state of the sick people across the border to the south. Just because a few United States physicians and soldiers were heroic enough to give their lives and energies in combating some of the tropical diseases which beset the Latin American countries, we are not entitled to look at the health problems of our southern neighbors through rose-colored glasses. Let us consider facts—the average life expectancy, for example.

According to Mr. Wilson the average life expectancy in the United States in 1940 was about sixty-two years and five months. Contrasting this with the case of Spanish America Mr. Wilson writes: "In Latin America, according to the best statistics now available, the average life lasts between fifteen and thirty-five years less than that, depending on the locality in which it is lived. In Chile the life expectancy is about thirty-five years; in Peru, less than thirty-two; in Mexico and Uruguay, well under forty." Startling figures these. Yet, when you analyze the causes of death in South America and compare them with those in the United States they are not surprising.

Of the ten principal causes of death in the United States today tuberculosis is listed sixth, being preceded by heart disease, influenza, pneumonia, cancer, cerebral hemorrhage, and nephritis. On the other hand tuberculosis tops the list in Latin America, and of the non-pathogenic causes which rank high in the United States' list, cancer ranks fifth and heart-disease ninth on the list for South America. All the other principal causes of death (malaria, diarrhea-enteritis, diphteria, infantile paralysis, and meningitis) are a result of the inroads of pathogenic organisms or viruses upon the human body. This means that while we here in the United States have been able to overcome the menace of pathogenic diseases to a great extent, the peoples of Latin America are daily exposed to the onslaughts of lethal viruses, bacteria and protozoa.

Take the menace of the tubercle bacillus, for example. Unless we have had some personal experience with the disease the majority of us do not worry much about it. We know that tuberculosis is still all too prevalent, and some authorities predict a rising incidence of the disease due to the present war. For the vast majority however, tuberculosis appears on the horizon only in the shape of an annual Christmas drive. We have ceased to know it as the "white plague."

Quite a different story prevails in South America. To quote Mr. Wilson: "In the year 1939, some 47.2 persons out of every one hundred thousand in the United States died of tuberculosis . . . In only one

A hospital ward in the interior of Ecuador.

southern republic, Columbia, is the tuberculosis rate lower than that of the United States. There the death rate from the disease is 46.6 per hundred thousand. But in 1938, according to estimates of the Pan American Sanitary Bureau, Mexico's rate was 55.4; El Salvador's, 61; Guatemala's, 64.3. In 1929 the rate in the Dominican republic was 64.7; in Ecuador, 70; in Cuba, 82; and in Costa Rica, 83.9." Far worse are the conditions in Panama, with 210 deaths per hundred thousand; in Venezuela, with 243; in Brazil, with 250, and in Chile, with 276.

Examining further the tuberculosis problem in the large cities, Mr. Wilson points out that while in New York and Detroit the death rate from tuberculosis is 49 and 44.7 per hundred thousand, respectively, in the large cities of Latin America, such as Santiago and Lima, the death rate hovers in the 400's. In Guayalquil it was even higher—693 per hundred thousand in 1929.

Particularly striking is the statement of Dr. Aristides A. Moll of the Pan American Sanitary Bureau, that in a Chilean city 100% of the workers and 85-90% of the middle class persons in two groups between the ages of sixteen and twenty-four have been infected with tuberculosis. Not very pleasant reading this—the truth about the "white plague" of Latin America.

Although the facts about tuberculosis are bad enough, by comparison the other diseases in the Latin countries of the west are no less menacing. Malaria is still a scourge despite public efforts to combat it. According to a report of the Pan American Sanitary Bureau dated June, 1940, in one section of Brazil there occurred more than 10,000 cases from malaria in a population of some 12,000 persons. Nearby areas reported the same high incidence of the disease, with the mortality rate as high as 6—15%. The vast tracts of jungle land in the Amazon Valley are still the breeding grounds for the stegomyia and other unknown mosquitoes—the carriers of the dread yellow fever; malnutrition and avitaminoses, such as beriberi and pellagra, as still common in a continent which is potentially the greatest food producing region in the world! Unlike the mothers of the United States, Latin American mothers have cause to become alarmed when their boys and girls contract such comparatively simple diseases as whooping cough, mumps and measles. Low resistance and malnutrition renders every one of these a threat to life. We could go on enumerating facts about health conditions in Spanish America—about the dread bubonic plague, leprosy, tropical ulcers, and amebic infections. But let us look at the positive side of the picture. What has been done about the health situation?

Latin America has done and is doing its best to better conditions. In some countries half of the public revenues are appropriated for public health. Yet even this high appropriation is inadequate to supply the equipment, personnel and other resources needed to cope with the health problem. Latin America can boast of hospitals which antedate our oldest hospitals by hundreds of years. The hospital of San Juan de Dios in Quito, Ecuador, founded in 1565, is the oldest hospital in continuous use in the Western Hemisphere. By comparison with the United States South America has approximately the same number of hospitals. For a population of about one hundred thirty-one million people we have about 6,000 accredited hospitals. Latin America can cite about the same number for her one hundred twenty million. But when figures are resolved into hospital beds quite a different view appears! In the United States the aim is ten beds per thousand people. Some states have already surpassed this level, while others, particularly those of the south, are still only about half way up to the proposed goal. Such is the average for the United States. But what do we find in South America? Despite the propitious sounding figure of 6,000 hospitals, statistics show that the hospital beds average less than two per thousand. This situation is rendered even more acute by the ever-increasing population. According to Mr. Wilson the population of South America is increasing about three times as rapidly as ours. He says: "Each year therefore, the ratio of available beds to population will become less favorable unless something is done about it. Nor is that all. Hospital beds in Spanish American hospitals can serve, individually, a much smaller number of patients per year because the average

periods of hospital confinement in Latin America are much longer than those current in the United States."

It is notable, too, that while some of the hospital facilities in the large cities of South America compare favorably with those of the United States, millions of people in rural districts are completely destitute of hospital care. The following description of the plight of his mission, given by Father Ildefonso H. Rossbach of Chichicastenango, Guatemala, is typical: "In my own missions there are no hospitals, no dispensaries, no medical or nursing schools, no physician—just an inadequate drug store. For years I have been trying to help my Indians, being their 'doctor' when asked and giving them all the medicines free of charge, for the Indians are too poor to pay for expensive medicines. There are some fifty to sixty thousand Indians under my care—living scattered in the mountains over a large territory." Even many of the hospitals that do exist are inadequate. As recently as 1940 the Health Department of Chile reported that 53% of its hospitals lack obstetrical wards, while only 25% have surgical and children's wards.

Yet in all fairness we must credit our Latin American neighbors for their keenness in undertaking medical research. In fact they have preceded us in establishing medical laboratories. In 1886, when medical research as we know it today was just beginning to see daylight, Buenos Aires and Montevideo had established bacteriological institutes. Before 1914 six research centers were in existence in the larger cities of Latin America. Since then several more world famous institutes have been established — the Bacteriological Institute of Chile at Santiago, the Lleras Institute of Medical Research at Bogota, the Institute of Hygiene in Mexico, the National Institute of Hygiene and Public Health in Peru, the Oswaldo Cruz Institute and Butantan Institute of Brazil, and the Gorgas Memorial Institute of Panama. The latter is supported by contributions from the United States as well as other American governments and has associated with it the Gorgas Hospital and Laboratory. Most encouraging as an example of cooperative enterprise between the Americas in the interest of public health and well-being is the International American Institute for the Protection of Childhood.

No answer to the question—"What has been done?"—would be complete without paying tribute to the zeal and courage and hard work of the doctors and research workers who have made existing facilities possible. Latin American doctors are hard-working, devoted to their vocation of relieving human suffering, courageous in the seemingly endless struggle with virulent protozoa, viruses and bacteria, persevering in the tussle with malignant tumors, ulcers, abscesses and infections which our North American surgeons seldom see. Men like Dr. Ricardo Aguilar, who studied first medicine, then dentistry, then surgery that he might help his people in Central America — whose latest achievement is the establishment of a children's hospital at Tiquisate in Guatemala—like Daniel E. Carrion of Peru who gave his life to prove the identity of verruga peruana and the deadly Oroya fever—such are the doctors of Latin America.

And yet after all these years—in spite of all these efforts—so much remains to be done! To quote Dr. William Seaman Bainbridge on the health situation in South America: "There are places where they (the South Americas) are fully abreast with the best in the United States of America, and other places where deplorable conditions exist." Why? Mr. Charles Morrow Wilson has given one answer when he says: "The health problem which confronts and threatens the southern republics is not lack of interest or energy. It is basically a lack of sufficient means. The tragic economic quandary of Latin America's sick poor is still unsolved."

Herein lies our opportunity. The exigencies of war are making us realize the answer to the question —"Who is my neighbor?" Christ gave us the answer—the right answer—more than 1900 years ago, when He told us the parable of the Good Samaritan who bound up the wounds of the Levite, "pouring in oil and wine." Every day the world seems to become smaller and smaller in the grip of this global war. Our nearest neighbor is South America—a neighbor who needs our help. Here lies our chance to begin now to circle the world—not with the forces of hate—not merely as ambassadors of "good will"—but as soldiers and sowers of charity—the only force which makes all men one in Christ.

The same hospital as seen from the outside.

Ask Me Another

ARE THE PEOPLE REALLY GRATEFUL?

Grateful? Have you ever had your foot kissed, your arm massaged and your chin touched? Have you ever been called Protector of the Poor, King and Emperor, Father and Mother, all in one breath? I should say they are g r a t e f u l, pathetically, picturesquely and embarrassingly grateful.

It is true that they do not use the word "mihrbani" very often. They seem to consider it unnecessary to be always saying "thank you" for the dozens of little services and kindnesses which people perform for each other in the course of a day. Those are simply taken for granted, or answered with an acquiescent "Achchha" or "Salaam." But when it comes to some major event, some real cause for gratitude, then they spread themselves. You have to be pretty nimble to evade their proofs of thankfulness.

Indians have another and rather attractive way of saying "thank you." This consists in bringing presents of all types and descriptions. Nothing is too small to give to a friend or benefactor —one egg, a handful of sweets, a few mangoes—all the way up to a tray full of cakes or a basket of fruit are apt to land on your doorstep almost any day of the week. In fact, hardly a day goes by that the Sister in the dispensary or on the ward does not return home with something solid in the way of gratitude.

Now that there is more money about, people have even taken to giving us "one ruppee for tea," or a few annas in the baby box. Many a time a departing patient sends us a tray of food and cakes, which invariably makes a "big hit" with the student nurses. Once we were regaled with a whole Indian dinner—rice, curry, chapattis, dessert and all—cooked in our own backyard in outsized caldrons over open fires. There was enough food for five days!

ARE THERE MANY MOSQUITOES IN INDIA?

Roughly speaking, I would say there are about two million per square mile! Of course, I have not actually counted them! From May until November is the worst season.

Not all the mosquitoes are malaria carriers. Those who sit down with their hind legs gracefully curved upward, like the dowager's little finger at tea time, are the dangerous ones. Usually, however, we do not bother to ascertain the state of their legs. "Shoot first, and ask questions later," is the order for mosquito extermination.

The better sections of the Indian cities ordinarily are beautifully cleaned up and almost safe, but in the native parts the danger of stagnant water has not yet found many believers. The lanes and fields are honeycombed with ditches and pools, where the buffaloes wallow and little boys take swimming lessons. So the mosquitoes flourish and multiply with plenty of human blood for food, and the finest of pools for breeding places.

Inside our well-screened houses, and under our airtight (almost!) mosquito nets at night, we run very little danger. There has not been a serious attack of malaria among our own sisters in years. But the Indians will not and often cannot take such precautions. Screens are useless, for doors were made to be left open, according to the Indian mentality. Nets are expensive and cumbersome, and they take too much space in their minute houses. They wrap themselves up in their veils or sheets at night, and the mosquitoes just laugh and have a wonderful time. A layer of cloth cannot keep them out!

You are cordially invited to join us in "Ask Me Another." Just send us your questions on India and the missions, and we will do our best with the answers!

Smiling their "mihrbani" (thanks) these Mohammedan women leave Holy Family Hospital.

February Mission Intention

"For the Conversion of Pagan Youth in Mission Schools"

Today the Catholic Church conducts in the mission world a total of more than 34,600 mission schools with an attendance of over two million pupils. No less than 65,000 lay teachers, besides thousands of priests, brothers and sisters are engaged in this task. Among the students many are not yet Catholic—they have not accepted the faith which makes them members of the one true Church. It is for these that the Holy Father has asked us to pray.

What a sad spectacle it is to see these young students so near to and yet so far from the truth. In this changing world young people are searching for the truth. Their minds are confused, and many of them are groping in a fog of materialism, religious fanaticism, and nationalism. There is a way out, however—there is a light—Christ. "I am the Way, the Truth, and the Light."

Yet, in spite of our 34,600 schools, in spite of all our priests, sisters and brothers and 65,000 lay people who are engaged in bringing Christ to the pagan world, millions of students are still searching vainly for the truth. Can it be that to them Christianity appears only as an empty form—leaving them indifferent to its meaning?

For many non-Christians this seems to be the case. In his recent autobiography, "Toward Freedom," Jawaharlal Nehru writes:

"A Roman Catholic friend sent me in prison many books on Catholicism and papal encyclicals, and I read them with interest. Studying them I realized the hold it had on such large numbers of people. It offered, as Islam and popular Hinduism offer, a safe anchorage from doubt and mental conflict, an assurance of a future life which will make up for the deficiencies of this life."

But this view does not satisfy. Life is lived here, as well as hereafter. For Mr. Nehru, neither Christianity, nor any other organized religion contains the solution to life's difficulties. Believing that religion is indifferent to social problems he writes concerning organized religion:

"Usually religion becomes an a-social quest for God or the Absolute, and the religious man is concerned far more with his own salvation than with the good of society . . . Organized religion invariably becomes a vested interest and thus inevitably a reactionary force opposing changes and progress."

Apparently Mr. Nehru sees in religion only an organization which preaches "pie in the sky" and that is the end of it. To his mind organized religion—and we may presume that he means Christianity—limits itself to matters of private worship, and is associated the selfish protection of "vested interests" and reactionary standards in the social, economic and political field.

But living Christianity does concern itself with the social order. The social, the economic and the political are intrinsically dependent upon ethics. Ipso facto, they are concerned with eternal life and therefore with the Church. Christ taught a radical doctrine of social reform when He told us to love our neighbor as ourselves for the love of God. Nor does His own personal life leave any room for doubt as to just what He meant by love of neighbor. Not only did He live exclusively for others. He even died for all men, and that death was decreed by the "vested interests" of His day.

Today the same radical doctrine of living for others and fighting for social justice is continued by His Living Voice in the social encyclicals of Leo XIII and Pius XI, and in the incessant pleas of our present Holy Father. And, in the spirit of Christ, this teaching is not confined to one nationality or one race. It is for all peoples.

When, to the people who are looking for some solution to the problems of our present day, Christianity seems to give no answer, but appears "a-social" and aligned with "vested interests," there must be a hitch somewhere. This calls for some tall thinking.

As long as Christianity does not radiate as a living force that supercedes all boundaries of race and nationality; as long as the non-Christians in mission lands do not see that it concerns itself with human needs in so far as the principles that govern social justice are concerned, and that it defines the spiritual relationships that exist between man and man, and man and God, it will be hard to convince and convert pagan youth in mission schools.

That these young people may see in Christ and in His teaching the "Light that is Life"—let us pray.

O God,
Who hast dominion
over all realms and kings—
Who by striking healest
and
by pardoning savest—
stretch out over us
Thy mercy,
That by Thy power
we may enjoy
peace and tranquility.

In Our Library

ACROSS A WORLD, by Reverend John J. Considine, M.M., with the collaboration of Thomas Kernan. Longmans, Green and Company, New York. 1942. 400 pp. Clothbound, $2.50.

Father Considine's book "Across a World," is among the first of its kind to give a contemporary picture of the mission world. In fascinating style, with a verve and zest that carries the reader along, Father Considine takes you on a swift, breath-taking mission tour from Rome to the Sahara—to the marble palaces and mud huts of India—to the mountains of Indo-China—to Chung-king by air—to the country of the Nagasaki Christians—to the Phillipines—to the heart of the Dark Continent—to the Sudan—and then to Rome again. No phase of mission activity is left untouched. You meet missionaries; listen to their problems, their achievements, their hopes. You meet the people of mission countries. You learn to know them and to gain some insight into their aspirations. At a time when this global war is making Americans conscious of their relationship with all the peoples of the earth, this book is particularly appropriate. As a piece of Catholic mission literature it is a potent factor in opening American eyes to the needs, the hopes and the ambitions of our brothers and sisters in the four corners of the globe.

The task of portraying the mission world is a gigantic one—and perhaps it is due to the vastness of the undertaking that gaps are to be found. For one thing, the title—"Across a World"— implies that every section of the world would have its place in the book. Yet, the whole of the Western Hemisphere, from the missions of Alaska down to the furthermost tip of South America, is left untouched.

Furthermore, the general tone of the book seems to convey the impression that everything in the missions is "just wonderful." Judging only concerning medical missions we know that this is not the case. Such impressions are sadly misleading. Statements such as this—"What comes out of the dregs of India may be contemplated in the long line of houses of mercy which our Sisters maintain everywhere in the country. Hospitals conducted by the Sisters number more than fifty, with over three thousand beds; and the dispensary cases each year go into millions."—tell only half the truth. Too much is left unsaid. They do not, for instance, explain that of these fifty hospitals only thirteen are Catholic-owned; that with the exception of a few leper asylums which might be included in the fifty the remainder of the hospitals "conducted by the Sisters" are government hospitals, where the Sisters have charge only of the nursing and are not in a position to direct the policies of the hospital. They do not state that the majority of these hospitals number less than fifty beds and are too small to be adequately and scientifically equipped as a proper hospital should be. They gloss over the fact that all too many of the "millions" of dispensary cases are treated by unskilled workers, because there are not enough professionally trained missionaries to cope with the needs and sufferings of the people.

"Across a World" is without doubt a fascinating and valuable picture of the missionary activity of the Church. We heartily recommend it. Nevertheless, we would warn the reader that the book is not as comprehensive as it may seem. May this fact bring Catholic Americans to a realization of the tremendous task still to be done if we would produce real mission literature in the English language. Up to now we have leaned upon Europe for our "missiology." We will have to stop "leaning" if America is to be the real, solid "hope of the missions."

—Sister M. Loyola

THE IMPORTANT PIG by Julie Bedier and Louise Trevisan. Longmans, Green and Co., New York, 1942, $1.00.

Remember little Anna of "The Long Road to Lo Ting?" This time she has a tale all to herself—"The Important Pig," another little Maryknoll book for youngsters.

The story is one any child will take to heart. The mission dispensary provides an opportunity for Anna to gain a new friend. While the sister-doctor takes care of Ah Lan's mother, the two children build mud houses together.

One day Anna's little playmate, only eight, is sold to a hard, cruel mother-in-law. True, the marriage ceremony will not take place until she is of age, but because her poor parents need money to pay a debt, she becomes a virtual slave. Of course there is a happy ending! That is where the "important pig" comes in!

If the eight-year-olds will enjoy the story, the five-year-olds will find no end of fun in the pictures. They are so completely human and colorful—like the old joke, black and white and RED all over! Chinese children at home, at play, at class, a wedding procession, first aid in a pig-pen—all are illustrated with vim and real characterization. And each picture has a Chinese nursery rhyme as well.

—Sister M. Frederick

R. I. P.

Please pray for the repose of the souls of:

Sister M. Florian, Hartford, Conn.

Sister Mary Perpetua, Hartford, Conn.

Mr. Herman Paulus, Chester, Ill. (father of Sister M. Dolores and Sister M. Felicia).

Mrs. Rose Mittelstedt, Buffalo, N. Y.

May their souls and all the souls of the faithful departed rest in peace. Amen.

News From India - - -

RAWALPINDI

From India we have received "batches" of letters! Some of them are still vacation mail from Murree. Practically all are dated in July and August. The poor censors have quite a time, we fear. Here is something from Sister Margaret Mary:

"We are all interested in your first aid and air-raid warden courses. But we are two years ahead of all of you. We have blackouts regularly, and during some recent thunder storms we had them irregularly as well! Our bicycles still serve a good purpose, especially now when petrol is rationed. Horses are busier than ever with the increase in tonga work, and the price of everything has increased about fifty percent or more. Trains are very crowded nowadays because motors are scarce, and so are the busses to the various places."

Sister Jude has been initiated into "Center Work"—which includes house to house visiting and the training of native "dhais" or midwives. In a recent letter she sent us a description of some of her work:

"Everywhere I go the women are very hospitable and friendly, and they are so grateful for any interest shown in them and in their babies. I am always offered a cup of tea or some soda water, and they are usually disappointed if I do not sit down and chat with them for just a few minutes at least. Their supreme un-selfconsciousness is certainly to be admired. No matter how poor their home, they will offer you the best they have with no pretense at excuse. Here is a glimpse of one of my days:

"I usually start with the home visits in the morning — the prenatal and post-natal visits. Then for two hours I keep open the dispensary for patients who come for medicines and minor treatments. After that the "dhais" come to take me to see their new patients. Once I have seen the home, I take the number of the house and then return myself for weekly or monthly visits as the case may be. It is especially important to visit the patients and the babies. They become ill so often, and sometimes the family does not trouble to do anything about it.

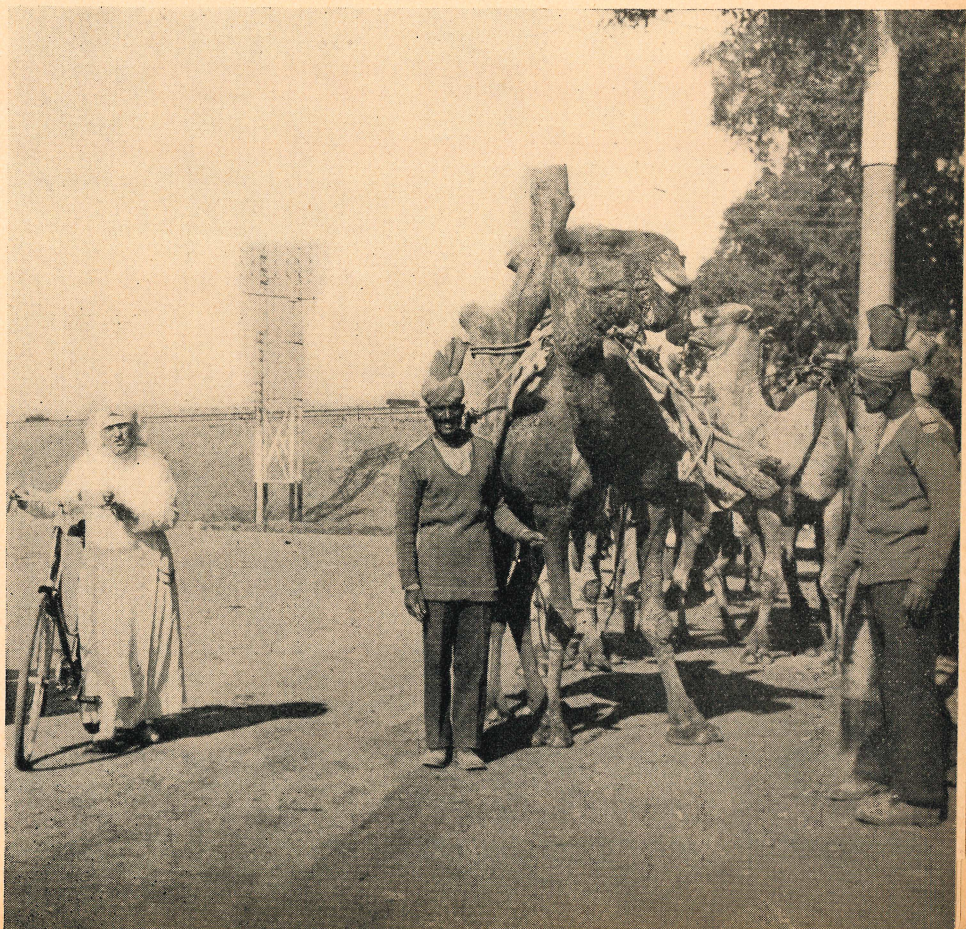
"In the afternoon, two or three times a week, I have 'dhai' classes, and on two afternoons the doctors come for the clinic. Four of my 'dhais' just passed their examinations about two weeks ago. I hope that sometime in the future it will be possible to have all registered mid-wives to do the maternity work. I am sure that if a really adequate maternity service were available, the people would gladly avail themselves of it."

PATNA

From Patna we received this "bit of news" about the progress of Holy Family Hospital. Sister Ignatius Marie reported as follows:

"Patna's Holy Family Hospital is flourishing with the second story completed! Before the beds for the new addition had arrived, patients were waiting for admission. The really serious cases were taken in right away, but they had to bring their own "charpoys' (string beds) until the beds came by river steamer from Calcutta.

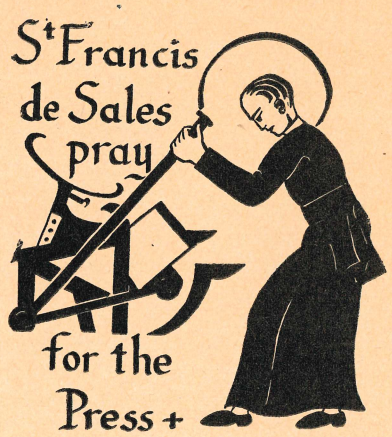
"The new nursery is a joy, and the veranda is a constant source of pleasure to the toddlers. They can look through the railings, and never get tired of watching the ever-changing sights of the bazaar street."



Bicycles come in handy these days! At the right is a group of "sepoys" — Indian soldiers — and their mounts.

In the shoreless, storm-harrowed ocean of the press of the world and its various philosophies of life, the Catholic Press should stand as a seer and a prophet.—

—His Holiness, Pope Pius XII



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